

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PRO-876)									
AS FILED		1st AMENDMENT		AFTER 2nd AMENDMENT		AFTER 3rd AMENDMENT		AFTER 4th AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	TOTAL DEP.	TOTAL IND.	TOTAL DEP.	TOTAL IND.	TOTAL DEP.	TOTAL IND.	TOTAL DEP.	TOTAL IND.	TOTAL DEP.

SERIAL NO. **10/507464**

APPLICANT(S) **10/507464**

FILING DATE

CLAIMS